ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Laporte Hospital and Health Services

City: Laporte   County: Laporte   Year: **2003**

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description	**Number of Set Up Beds**	**Number of Discharges**	**Number of Patient Days**	**Average Charge Per Discharge**
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Med/Surg	12	894	2,874	$10,832
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	89	4,197	17,582	$6,935
Neonatal Intermed	0	0	0	$0
Obstetrics	13	704	1,852	$2,792
Pediatric	0	0	0	$0

Psychiatric	0	0	0	$0
Rehabilitation	23	721	4,626	$6,339
Substance Abuse	10	161	1,449	$7,939
Swing Beds	NA	0	0	$0
Other Services	0	0	0	NA
Acute Subtotal	147	6,677	28,383	NA
Normal Newborn	15	698	1,688	$1,592

II. Outpatient Visits			
Circulatory System	5,034	Digestive System	3,305
Endocrine System	5,984	Injuries and Poison	6,466
Mental Disorder	658	Musculoskeletal	6,033
Neoplasms	3,295	Nervous	2,226
Respiratory	4,290	Urinary	6,348
Other/Unknown	42,685	Total Visits	86,324
Number of Visits to Emergency Department			19,374
Percent of Emergency Department Visits of Total Visits			22.4%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	Y - Alcohol/Drug Service	Y - Anesthesia Services
N - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
Y - Coronary Care Unit	Y - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	Y - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported